

One Year of Treatment Expansion Progress and Challenges

By John Taylor, Office Chief, Program Services

Over the last year a statewide initiative, known as Treatment Expansion, was developed and implemented based on research showing that increased alcohol/drug treatment could produce enough medical, mental health, and long-term care savings within the DSHS budget to pay for the treatment expansion. The research showed that Washington State would be better served by funding the source of the problem, rather than paying the higher cost of all these consequences. It is estimated that the state can have significant Medicaid savings: up to \$252 per patient, per month compared to those who did not receive treatments.

Past studies have shown that 74 percent of youth and 69 percent of adults who need and qualify for chemical dependency treatment do not get it because of funding limitations. Today only one in four DSHS adult clients who need alcohol/drug treatment receives it.

DASA regional teams have been collaborating with their counterparts within other DSHS administrations, county and tribal alcohol and drug coordinators,

This mobile ad to promote treatment is being seen on busy highways and large events in Pierce, King, and Snohomish Counties. Download this and other ads at www1.dshs.wa.gov/dasa, click on "More funding for treatment" link.

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Do you have a success story or news to share?

Please contact:

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Prevention and Treatment Resources

DASA website: www1.dshs.wa.gov/dasa

Chemical Dependency Professionals:
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:
1-800-562-1240
www.adhl.org

Alcohol/Drug Prevention Clearinghouse:
1-800-662-9111
<http://clearinghouse.adhl.org>

DSHS Secretary
Robin Arnold-Williams

DASA Director
Doug Allen

*From
the
Director*



A New Strategic Plan

By Doug Allen

This is my first Director's message for Focus, so I believe I would be remiss if I didn't begin by thanking you all for your good wishes as I step firmly into my new role. It is indeed a privilege for me to work with such a dedicated community of professionals, both within the Division of Alcohol and Substance Abuse (DASA) and among committed prevention and treatment providers, researchers, and advocates. It is your dedication that makes my job possible, and enjoyable at the same time.

We recently have completed our new Strategic Plan for 2007-2011. In working with DASA staff and the larger community concerned about the impacts of substance abuse and addiction, and in keeping with our legislative mandates, we have chosen five strategic priorities to guide our efforts:

1. Closing the treatment gap between those who are eligible and in need of treatment and those who, because of financial constraints, actually receive it;

The treatment expansion authorized by the 2005 Omnibus Mental Health and Substance Abuse Treatment Act is resulting in substantial increases in services to low-income, Medicaid-eligible adults and youth. We are already beginning to see significant savings resulting from reduced emergency room use, medical and psychiatric hospitalization and major medical services. At the same time, we are continuing to provide quality treatment services as demonstrated by the treatment retention and successful completion of treatment.

2. Providing treatment alternatives to incarceration;

We are continuing efforts to expand treatment alternatives to incarceration under the Criminal Justice Treatment Account. Diverting individuals to treatment reduces the need for incarceration, prevents recidivism, and makes it possible for individuals to make a safe transition into the community.

3. Implementing common screening and assessment protocols for co-occurring mental health substance and abuse disorders and linking them with integrated treatment;

Improved diagnostic tools hold out the hope of providing better targeted, more effective treatment to individuals suffering from co-occurring disorders. In addition, we are now engaged in significant new efforts to assist these individuals through the Integrated Crisis Response/Secure Detoxification and Integrated Case Management pilot programs.

4. Reaffirming its commitment to evidence-based, targeted prevention, and implementing efforts to combat underage drinking;

DASA is implementing the Strategic Prevention Framework-State Incentive Grant to ensure our prevention efforts are data-driven and outcome-based. We are targeting underage drinking, which is not only destructive to youth, but increases the likelihood they will have alcohol problems as adults. Several local and statewide strategies are also being funded by a federal Reducing Underage Drinking (RUAD) grant.

5. Implementing a program for the prevention and treatment of problem and pathological gambling, including the training of professionals in the identification and treatment of problem gamblers.

Under a new legislative mandate, DASA is supporting new efforts to treat individuals and their families who suffer from problem/pathological gambling. A proportion of problem/pathological gamblers also suffer from substance abuse and addiction.

We have a long road ahead of us. By working together, and in tandem with the Governor and Legislature, I believe we will continue to make a strong positive impact on the lives of individuals, families, and communities, and I thank you all for your continuing efforts. 🐾

Doug Allen was appointed DASA's Director in June after a national search. Doug has been with DASA for over ten years, as the Office Chief of Policy, Planning and Legislative Relations, and prior to that as DASA's Special Projects Manager. He received a Governor's Distinguished Manager Award in 2004.

Treatment Expansion continued from Front Cover

and treatment providers to ensure more Medicaid-eligible people are accessing treatment.

As part of that effort, DASA has initiated several programs:

- Adult Care Enhancement provides chemical dependency assessment and treatment services to those living in selected nursing homes.
- The “4-County” project (this will be expanded to nine counties after the first of the year), which identifies those individuals in the Medicaid system who have been diagnosed by a medical doctor as having a substance abuse disorder and offers medical providers information on how to access services.
- Increased services to GAU clients while they complete the process to become Medicaid-eligible.

Counties have increased treatment services by increasing the number of providers who can serve Medicaid-eligible clients and have also enhanced their community outreach systems to reach those hard-to-reach clients.

As of July 2006, 9,450 adult expansion clients have received treatment services statewide, which is 73 percent of the expected goal. Of that, 8,674 have been served in outpatient settings and 776 at residential facilities. 2,272 youth have been treated statewide (84 percent of the expected goal), 1,975 in outpatient facilities, and 297 in residential facilities.

For more information about treatment expansion, or to order posters, brochures, or screening cards, call the Alcohol/Drug 24-Hour Helpline at 1-800-562-1240. Fact sheets, recovery stories, protocols, screening guides, and other outreach materials are also available on DASA’s website at www1.dshs.wa.gov/dasa – click on More funding for treatment available now! 🐼

Problem Gambling: The Hidden Addiction

By Linda Graves, Problem Gambling Program Manager

During the 2005 legislative session, the Division of Alcohol and Substance Abuse (DASA) was charged with establishing a publicly-funded program for preventing and treating gambling problems (RCW 43.20A.890).

Year 1 Accomplishments

The first year required much work to establish the program:

- DASA hired Linda Graves, who formerly directed Delaware’s Problem Gambling Program.
- Criteria were established to determine who could provide problem gambling treatment.
- Trainings were held across the state for mental health and chemical dependency counselors to get the required education to treat gambling problems.
- The first eight treatment contracts were executed in October 2005.

A Problem Gambling Advisory Committee of stakeholders was developed and has met 14 times. Representatives include the Tribal Gaming Association, the Washington State Gambling Commission (WSGC), the Recreational Gaming Association, the Lottery and Horse Racing Commissions, advocates, recovering gamblers, treatment providers, public defenders, law enforcement, and other interested parties.

Helpline Connects People with Treatment

DASA contracts with the Washington State Council on Problem Gambling to provide a toll-free, 24-Hour Helpline. Through the first six months of their contract, the Helpline received over 800 calls, referring people to treatment and support groups, and providing literature packets. People can access the Problem Gambling Helpline by calling 1-800-547-6133.

Treatment providers served 178 clients in the first 10 months of funding. There are currently 21 treatment sites throughout the state, with more providers being added monthly. A person is eligible for state-funded treatment if they do not have the funds or insurance to pay for it. Family members are also eligible for treatment.

Prevention and Education

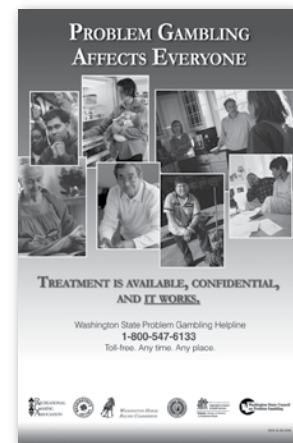
In addition to treatment, the Problem Gambling Program is implementing public awareness and prevention strategies. The Program is sponsoring speakers at the Washington State Prevention Summit in October. The keynote speaker for youth will be Adam Resnick, a recovering compulsive gambler. His story was recently featured on Dateline NBC. Several workshops about youth gambling will be featured at the conference. For more information about the conference, go to www1.dshs.wa.gov/dasa.

Posters are now available for use in agencies, schools, waiting rooms, and other locations. There is a general awareness poster to promote the Problem Gambling Helpline, as well as posters that target youth, young adults, family members, and seniors. The posters can be viewed at <http://www1.dshs.wa.gov/DASA/services/OPPLR/ProblemGamblingPrgm.shtml>.

To order free posters, contact the Washington State Alcohol/Drug Clearinghouse at: clearinghouse@adhl.org, 1-800-662-9111 (statewide), or 206-725-9696.

Speakers are available statewide for in-service training, community presentations, or training workshops. If you are interested in scheduling a speaker, contact Deborah Rost, Administrator for the Washington State Council on Problem Gambling, at 206-546-6133.

For more information about DASA’s Problem Gambling Program, contact Linda Graves at gravell@dshs.wa.gov or 360-725-3813. 🐼



Oxford House Dedicates Home to Cleve Thompson

Oxford Houses of Washington State, Clark County, Chapter 5, has dedicated one of its homes to Cleve Thompson, alcohol and drug program manager for Clark County's Department of Community Services.

Oxford House, Inc. exists as the "umbrella corporation" to educate individuals and private and public entities about the benefits of the Oxford House concept of group homes for recovering substance abusers.

It oversees all resources including revolving start-up loans, property donations, and personnel to replicate

democratically self-run and self-supported Oxford Houses.

Judy Maxwell, Washington State Outreach Representative, presented Thompson with ten testimonial letters from a

wide range of community stakeholders, along with a crystal plaque from the three Oxford House Chapters located in Clark County.

"The Thompson Oxford House is our 25th house in Clark County, said Maxwell. "Without the friendship, support, and advocacy of Cleve Thompson, we simply wouldn't have as many Oxford Houses in Clark County as we do."

The "Thompson Oxford House" is located at 4720 Pacific Avenue, Vancouver.

The Clark County Alcohol & Drug Program allocates state treatment funds in accordance with the county's strategic plan in a manner that assures the best feasible access to appropriate services for indigent and low-income individuals. 🏠



2006 Survey Shows High Proportion of Patients Satisfied With Chemical Dependency Treatment in Washington State

By Felix Rodriguez, Ph.D., Evaluation and Quality Assurance

Ninety-six percent of adults and nearly 92 percent of youth patients participating in community-based chemical dependency (CD) treatment programs in Washington State reported they were satisfied with the service they received, according to the 2006 Statewide Patient Satisfaction Survey commissioned by the Division of Alcohol and Substance Abuse (DASA). The annual survey, which has been conducted since 2001, also found that 90 percent of offenders participating in the Department of Corrections (DOC) treatment programs were satisfied with the service they received.

During the week of March 20, 2006, a total of 452 treatment agencies, or 91 percent of the 496 DASA-certified treatment centers, in Washington State volunteered to administer the survey to their patients. Agencies that participated included 96 percent of the public and 85 percent of the private treatment centers in the state. A total of 19,886 adult and youth patients completed the survey, representing 75 percent of patients receiving treatment in participating agencies during the week of the survey.

DASA has recently released the results of the survey in a report entitled Patients Speak Out 2006. Among the other key findings presented in the report are:

- Ninety-one percent of adult outpatient and at least 71 percent of adult residential treatment patients reported they would come back to the same program if they were to seek help again.
- Eighty-three percent of youth outpatient and at least 72 percent of youth residential treatment patients reported they would come back to the same program if they were to seek help again.

- The proportion of adult patients in community-based treatment programs reporting that staff treated them with respect stayed consistently above 92 percent over the course of six years.
- The proportion of youth patients in community-based residential treatment programs reporting they were satisfied with the service they received increased from 82 percent in 2005 to 90 percent in 2006.

A copy of Patients Speak Out 2006 may be obtained from the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or (206) 725-9696 (within Seattle or outside Washington State), by writing to 6535 5th Place South, Seattle, Washington 98108-0243, or by e-mailing clearinghouse@adhl.org. A digital copy of the report can be obtained by visiting the DASA website at: <http://www1.dshs.wa.gov/dasa>. 🏠



To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at schneda@dshs.wa.gov.

ATR Helps People Reach Recovery in Body, Mind, and Spirit

By Vince Collins, Access To Recovery Project Director

In 2004 the state of Washington was one of 14 states to be awarded an Access To Recovery (ATR) grant by the Substance Abuse and Mental Health Services Administration. The purpose of this \$22.8 million three-year grant project is to provide recovery services to people in crisis due to alcohol or other drug problems.

ATR is a community-based, voucher-driven program that serves low-income people who are involved with Child Protective Services, shelters and supported housing, free and low-income medical clinics, and community detoxification and treatment programs. On average, clients/families access \$2,000 worth of services with their ATR vouchers.

This project is implemented in six counties: Clark, King, Pierce, Snohomish, Spokane, and Yakima. Each county has identified the needs in their communities and have established recovery services to meet those needs, including partnering with community businesses and organizations to provide clients with a choice of services and providers. According to one client, "ATR has allowed me to stay focused and committed to my recovery after completing other forms of treatment." Another client said that ATR "empowers me with knowledge and treats me with kindness and respect."


Clients can choose which services and service providers they want to assist them in their recovery, including the op-



tion of using faith-based providers. A goal of the ATR grant has been to increase the array of faith-based providers for clinical treatment and recovery support services. In the first year of the grant, agreements were established with over 65 faith-based recovery service and treatment providers. We currently have faith based providers that provide treatment, housing, transportation, support groups, employment services, spiritual support, assistance in obtaining driver's licenses, and assistance with utilities. One client reports that Access to Recovery "offers choices in a respectful way."

As of this August, ATR is exceeding its goal of serving 6,300 clients. People are excited and pleased with the services they are receiving. A 2006 ATR survey found that 95 percent of the clients were satisfied with the ATR program.

For more information about the ATR Grant, visit the following websites:

- Washington State Division of Alcohol and Substance Abuse Access To Recovery Website: <http://www1.dshs.wa.gov/dasa/services/ATR/ATRMMainPage.shtml>
- Washington Access To Recovery Website: <http://accesstorecovery.adhl.org/index.htm>
- SAMHSA Access To Recovery Website: <http://atr.samhsa.gov/index.html> 

Youth Treatment is Growing Up


By David Jefferson

We just completed year one of a three-year grant project to explore ways to improve the coordination, planning, knowledge and capacity of the youth alcohol and other drug (AOD) treatment system. By comparison to other states, Washington has a well developed range of services and a centralized state funding source (Division of Alcohol and Substance Abuse). Many states don't have youth AOD treatment services, and if they do, it is an extension of Mental Health or Children's Administration. This grant gives us an opportunity to build on our success and make a system that can stand the test of time. For the latest grant details, go to <http://theteenline.org/csatsite/index.html>.

We are in a new era: accountability, professionalism, innovation, and evidenced-based practices. Many of the people I encountered this year are meeting this challenge. Staff are completing degrees, programs are improving clinical outcomes, and people are eager to be recognized as part of the health care

continuum. While we all understand that a critical ingredient to healing this disease is the therapeutic relationship, it is our job to combine "compassionate care" with sound clinical practices, solid outcomes, and transparency. This will assure us that the community will have confidence that nobody can serve their child and family better than us. We are the best source today, but we are plagued with stigma that addicts are bad people, funding is never enough, we get by with minimal educational requirements, and we are not part of mainstream health care.

It is time we demand more from ourselves and lead our field to the forefront. We need a vision of our place in the continuum of care that matches our dedication to our youth. Too often we are told what to do and resent it. Adolescent treatment has grown up; its time we take our place among our peers and beat this disease.

For more information or if you have any questions, contact David Jefferson, Adolescent Treatment Coordination Grant Director at (360) 725-3814 or email jefferd@dshs.wa.gov. 

Tribal Agency Uses DASA-TA to Track Program Success

By Larry King, NCACI, CDP, Clinical Supervisor, Makah Chemical Dependency Program

I am the clinical supervisor of a small outpatient program on the Makah reservation in Neah Bay, Washington. I began using the DASA-TA about six months ago. I found the process of getting signed up and receiving my username and password an easy experience. After I was signed up, I spent a few days looking at the site, running as few "test" reports and generally getting acquainted with the system.

I now use the DASA-TA on at least a weekly basis. I usually just run the "standard reports" that are available on the site, but I have experimented with a few reports using the "Analyzer" function. The system is pretty user friendly, and I've had some luck teasing out information that really can make a point.

I send in weekly reports to my supervisor, who is the health manager for the tribe. She sometimes uses these reports in her meetings with the Tribal Council. Graphics lend themselves to meetings where quick information that is easy to interpret is important.

I use the reports to check on the success of our programs, to see trends in client numbers, and to keep an eye on our program outcomes. I really like the new standard report that includes retention figures. I'm still learning, but I think this function will be of great use. It gives you a great way to compare our figures and trends with those of other agencies around the state.

All in all, I would recommend the DASA-TA to anyone who can devote a small amount of time every week to run a few reports. The reports are useful, easy to understand, and timely. 🐾

What is the DASA-TA?

The DASA-TA is a user-friendly system that generates reports about treatment outcomes at the state, county, and provider levels. This Web-based system is designed to be used by directors of publicly-funded chemical dependency treatment programs, county coordinators, and other persons responsible for using outcome data to manage publicly-funded programs, improve program quality, develop policy, and enhance planning efforts. To learn more about the DASA-TA or to become a registered user, go to www.DASA-TA.com. All directors of publicly-funded chemical dependency treatment agencies (or their designees), county coordinators, and DASA staff are eligible to register. Others who wish to register should make the request by contacting Felix Rodriguez at rodrifi@dshs.wa.gov or Fritz Wrede at wredefa@dshs.wa.gov.

How do you use the DASA-TA?

We'd love to hear from you! The best responses will be published in future Focus newsletters. Please send your responses to Felix Rodriguez at rodrifi@dshs.wa.gov.

**DASA-TA
Outpatient Caseload
Persons Served between January 2005 and December 2005
Public-Pay Clients - Statewide**

	JAN 2005	FEB 2005	MAR 2005	APR 2005	MAY 2005	JUN 2005	JUL 2005	AUG 2005	SEP 2005	OCT 2005	NOV 2005	DEC 2005	12- Month Unduplicate
Outpatient - Adult	7,222	7,213	7,521	7,592	7,641	7,705	7,626	7,754	7,764	7,919	7,999	7,999	17,953
Intensive Outpatient - Adult	5,809	5,821	6,199	6,209	6,342	6,470	6,317	6,657	6,699	6,907	6,897	6,951	15,259
Other Outpatient - Adult	24	25	27	17	17	16	17	14	13	14	16	16	35
-- Total Adult Outpatient --	13,055	13,059	13,747	13,818	14,000	14,191	13,960	14,425	14,476	14,840	14,912	14,966	33,247
Outpatient - Youth	1,500	1,442	1,525	1,559	1,616	1,609	1,466	1,432	1,347	1,378	1,423	1,451	3,978
Intensive Outpatient - Youth	739	738	760	752	754	782	686	659	669	661	725	738	1,999
Other Outpatient - Youth	111	109	105	103	102	101	100	101	104	108	110	126	183
-- Total Youth Outpatient --	2,350	2,289	2,390	2,414	2,472	2,492	2,252	2,192	2,120	2,147	2,258	2,315	6,160
Total Outpatient	15,405	15,348	16,137	16,232	16,472	16,683	16,212	16,617	16,596	16,987	17,170	17,281	39,407

The Smoke is Starting to Clear

By Mike Towey,
Tacoma Community College

The nicotine addiction treatment integration project brings together the Division of Alcohol and Substance Abuse (DASA), the Washington State Department of Health (DOH), the Nicotine Policy Advisory Committee (NICPAC), and Tacoma Community College (TCC).

NICPAC is a statewide committee that meets monthly and is active in developing public policy for achieving a nicotine-free treatment environment for Washington. NICPAC also provides special presentations for stakeholders about the importance of treating nicotine dependence.

This unique consortium has offered an exciting opportunity over the past three years to mobilize the field regarding the treatment of nicotine dependence. Here are a few of the startling facts we have used to raise the awareness of counselors and the field: (1) the mortality rates associated with nicotine use exceeds 450,000 persons per year in the United States and 8,100 in Washington State, (2) using nicotine dramatically increases a client's risk of relapse (up to 800 percent for nicotine users), and (3) 90 percent of nicotine users start under the age of 19, and one out of three teenage nicotine users will die prematurely of nicotine related diseases. About 85 percent of persons



entering treatment are addicted to nicotine. TARGET data tells us that over half the clients expressed a desire to stop using nicotine when they entered treatment in 2005.

We have made progress against these startling facts. Thus far, we have trained over 500 persons, and some programs have decided to have a total nicotine-free environment; one large residential program offers a special nicotine treatment group for their clients. Today a significant number of counselors talk to their clients about quitting and some agencies use our technical assistance.

We have conducted 12 trainings in all 6 regions in each of the last 3 years and have provided both hard copies and electronic versions of the curriculum to providers around the state for their use in treating nicotine. We believe a combination of training and technical assistance has produced the best results, along with a consistent approach. DASA has set a great example on this major health issue.

For information regarding curriculum materials, technical assistance, or NICPAC, e-mail Mike Towey, Tacoma Community College, at mtowey@tacomacc.edu or call (253) 566-5213. 🐼

The Gift of Recovery

By Ron Purdy

I grew up in the Reno, Lake Tahoe area and was a bartender in the casino industry for 20 years. I left the area to flee my alcohol/drug and gambling addiction, and landed in Seattle in 1994.

Within a few months I was homeless in a strange city, with a \$100-a-day heroin habit. While in the abyss of addiction and homelessness, I constantly cycled through the jail system, picking up charge after charge in drug-related crimes. This cycle continued until 2001, when weighing only 125 pounds and near death, I finally sought help.

I went to Street Outreach Services (SOS), and they helped me get into medical detox at Recovery Centers of King County (RCKC). I was approved for DASA-funding, and once I was medically stable, went to Cedar Hills for 90 days of inpatient treatment. I then completed 90 days of outpatient treatment at RCKC, and this phase of treatment got me solidly grounded in recovery.

It was while I was at Cedar Hills that I knew I wanted to be a drug/alcohol counselor. The staff there treated me with a respect and dignity that I had never before experienced. They showed me the joy of living in recovery, and I knew my calling was to be part of this healing profession.

After a year of sobriety, I began my course work at Seattle Central Community College for a CDP certificate, and AAS degree in Social and Human Services. I am now completing my education at Evergreen State College.

It was at SCCC that I learned about the Alcohol/Drug 24 Hour Helpline (ADHL), while exploring internship opportunities. I received training and have been with them ever since. I am now a work-study employee.

ADHL has supported me and my education by being flexible around my school schedule and offering me countless learning opportunities. It is a blessing to know someone will back you, and a great relief to know you can depend on your community to help you achieve your goals. Thank you to the hundreds of people along the way that have made this journey so wonderful.

Information about becoming a Chemical Dependency Professional is online at www.cdpcertification.org. 🐼



That's a Fact

How Many Washington Residents Received DASA Prevention Services in 2005?

REGION	SINGLE	RECURRING	TOTAL
1	31,243	2,520	33,763
2	4,805	770	5,575
3	17,979	1,498	19,477
4	8,456	2,062	10,518
5	5,325	2,281	7,606
6	9,917	1,846	11,763
DASA/OSPI PROGRAMS	6,852	39,852	46,704
TOTAL	84,577	50,829	135,406

Four Watermelons

One Person's Journey from Gambling Addiction to Recovery

Submitted by Recovery Centers of King County

My gambling addiction began one fateful day in the summer of 1977. I was 13 at the time and our family was on a six-week vacation from New York to California and back. On this fateful day, we were driving through Nevada and we hadn't bothered with stopping through Las Vegas or Reno, since they were adult-only attractions. No, on this day, we just pulled off the interstate to get lunch at a diner.

I noticed a slot machine near the entrance. I hadn't given it much thought since I was too young to know about gambling. On the way out however, I stopped my father in front of the machine, handed him a quarter, and asked him to please play the machine for me. My father probably thought I would lose my precious quarter, and this would be a good lesson for me, but the plan backfired! He and I hit four watermelons! The machine started raining down quarters. Thirty years later and in recovery, my father and I recall that story as the beginning of my end.

My gambling addiction lay dormant until I was twenty-two, had graduated from college, and moved to Los Angeles. A friend and I went to Vegas, and upon entering the "strip" my "four watermelons day" came galloping back to my mind. Vegas was 10,000 times better than that diner's slot machine. I felt like I was in heaven. Then I learned the hell that comes with being a budding addict.

My friend quickly taught me the basics of blackjack. With \$50 to play with, I got my winnings as high as \$200, then eventually lost it all. My first reaction, as I went in search of a credit card advance window, was disgust. Why hadn't I stopped when I was up to \$200? I would later learn this was the first character defect in a gambling addict. As soon as I got my hands on more money, that feeling of disgust shifted immediately to getting my revenge at the table I had lost everything at. If I won \$200 before, I could do it again. This time I would stop.

Character defect number two in a gambling addict: there is no such thing as winning enough to stop. The cycle repeats itself and you are disgusted with yourself as you return to the credit advance window. Then, with money in hand, disgust turns into revenge and the glory of winning – but this time

stopping! Except the part about stopping never happens, and the cycle repeats itself until you have lost everything: money, food, shelter, and enough gas to return home.

Character defect number three is that you never protect yourself with enough money to get away. This leads to calling family and friends, lying to get them to wire you money, which is also in jeopardy of being played instead of leaving.

All of this happened on my first trip to Las Vegas. During the next three years of living in Los Angeles I returned to Las Vegas only two more times. At this point, in the disease I was only a binge addict. My behaviors while in Las Vegas were the same and worse, to the point I pawned my gold chain and watch one trip. When I left, my mind was back to normal and I could see Vegas for what it was; a place to strip a person down to the bone.

Four years later, I moved to New York City and landed a dream job that paid almost double my previous job. A high income, followed by accumulating more credit cards with high limits, led me to my first trip to Atlantic City.

Character defect number four: my previous experiences were examples of shameful behaviors and feeling out

of control, so from that day forward I never told anyone I was going gambling, and always went alone.

Character defect number five: while a gambling addict can sometimes walk away with winnings, they almost always return in a few hours or a few days only to lose all their winnings. My binge gambling progressed to frequent gambling, interrupted only by waiting a few months to pay down credit cards. My big salary wasn't a good source of gambling money because I needed it to pay down \$30,000 in credit card debt. My family found out about my debt (but not its source) and gifted me the money to pay it off and close my accounts. I was immensely grateful, but after two months, I reopened all my accounts.

Character defect number six: as your addiction grows, you lose all integrity, and you do what it takes to get back in the game. Like a pardoned prisoner, I was free to gamble at will, and soon burned through all my credit cards again.

Disgusted and afraid, I began to drink heavily. After I declared bankruptcy, my family found out and had me committed for

Problem gambling publications, for teens and adults, can be downloaded at www1.dshs.wa.gov/dasa



psychiatric treatment. This freaked me out enough to stay away from gambling for a few months, but then returned. I had worked for five years and had nothing to show for it. Because of gambling, I didn't have money to take vacations, buy new clothes, or even go the movies. I was a complete slave to gambling, but was clueless to the self-destruction around me. As long as I could gamble, I had a chance for heaven, even though it always ended in hell.

Character defect number seven: gambling robs you of the ability to honestly evaluate your life and see how much you have been hurt by your addiction.

In the following years, I stole, wrote bad checks, and borrowed money that I couldn't repay. I was in a living hell; as a 42-year-old college graduate, I went to jail for my crimes. I spent four months in jail and then was released to a group home.

For the last 15 months I have been working a program of recovery that includes Gambler's Anonymous and special classes at the Recovery Centers of King County. I moved to Seattle four years ago to try to escape my gambling addiction, but it followed me the whole way. I still take it one day at a time and pray this addiction will end.

I believe society has a character defect when it comes to gambling addiction – we don't treat this type of addiction as seriously as drug addiction. When Alcoholics Anonymous and Narcotics Anonymous began, society did not value recovery programs. We believed that alcoholics and addicts were morally weak and should be able to straighten out for the sake of their families. That belief was off mark, and it took years of seeing people successfully recover before we understood that people with drug addiction need help, not jail.

I believe that most of society views gambling addicts as morally weak people, instead of sick people, just as we used to view alcoholics and drug addicts. Each day it becomes more urgent to change this attitude. People no longer need to travel to Vegas and Atlantic City to gamble. Numerous states have casinos and lotteries, and the internet allows even greater access to games of chance. It takes time for a gambling addict to self-destruct, and I fear there are millions of Americans whose lives are going to be destroyed by their addiction, and by ignorance. Greater awareness and understanding about gambling addiction is the key to encouraging more people, like me, to get help. 🐼

Efforts to Reduce Underage Drinking

By Earlyse Swift, State Manager, Washington State Coalition to Reduce Underage Drinking

How can we reduce underage drinking in Washington State? We must create and sustain a broad societal commitment among individuals and organizations at the local and state levels. The Division of Alcohol and Substance Abuse (DASA) is providing critical leadership by implementing two major components:

Town Hall Meetings

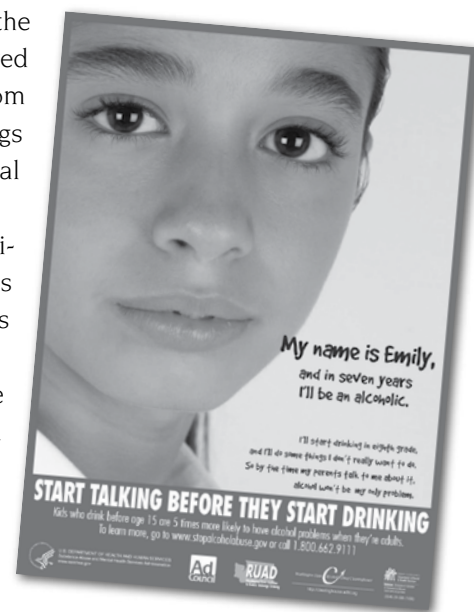
On or around March 28, 2006, communities across the state sponsored Town Hall Meetings where they increased community understanding of underage drinking and its consequences, and provided an opportunity for communities to discuss how they can best address the problem. Meetings were held in 54 communities and involved 3,669 people. Many meetings formed or strengthened local coalitions, which developed plans of action and are now implementing them. DASA sent print materials, videos, radio and TV spots, and individualized community profiles to provide support to each Town Hall Meeting. The media materials and publications can be downloaded from www1.dshs.wa.gov/dasa. Click on "References", then "Public Information".

“
We must create and sustain a broad societal commitment among individuals and organizations at the local and state level to reduce underage alcohol use.
”

Washington State Coalition to Reduce Underage Drinking

A new statewide RUAD Coalition began meeting in January to develop an action plan for the state. The coalition reviewed the recommendations from the Town Hall Meetings and decided on three initial strategies:

- Conduct an adult-oriented Communications Campaign that supports local efforts.
- Reduce youth exposure to alcohol marketing and advertising by industry.
- Support local law enforcement efforts to enforce underage drinking laws.



By vigorously mobilizing local communities and launching new statewide initiatives, Washington State's young people will be healthy and safe.

For additional information, contact Earlyse Swift at (360) 725-3807 or swifttee@dshs.wa.gov. 🐼

King County Helps Children from Drug-Affected Families

By Jackie Jamero Berganio, King County Prevention Specialist

By the time they turn 18, about one in every four children in the U.S. have been exposed to alcohol abuse or dependence in the family, according to a National Institute of Alcohol Abuse and Alcoholism article in the January 2000 American Journal of Public Health. This equates to more than 18 million children of alcoholics (COAs) or children of substance abusers (COSAs) in the U.S., based on July 2005 population estimates from the U.S. Census Bureau.

According to the Children of Alcoholics Foundation, "Parental substance abuse interrupts a child's normal development, which places these youngsters at higher risk for emotional, physical and mental health problems." Although there are individual differences, COAs/COSAs are at higher risk for the following problems:

- Being three-to-four times more likely to develop an addiction to alcohol or other drugs.
- A higher prevalence of depression, anxiety, eating disorders and suicide attempts.
- A greater likelihood of learning disabilities, repeating grades, and dropping out of school.
- Higher rates of physical illnesses that may be due to stress.

The good news is that three out of four COAs will likely not become alcoholic, due to variables such as resiliency and protective factors. With this in mind, a collaboration formed between organizations in King County to support COAs/COSAs and improve their chances to lead a healthier and happier life.

Last January the King County Family Treatment Court (FTC) staff issued a call for action to provide more programs for COAs/COSAs and children living in foster/kinship care due to alcoholism and/or addiction by their parents/legal guardians. This led to a collaboration with the King County Alcohol and Other Drug Prevention Program (AODPP), the state Division of Children and Family Services, the King County Community Organizing Program (KCCOP) and King County Youth and Family Services Program. In a matter of months, these organizations pulled together resources and successfully launched two major prevention efforts: (1) The Friends Group, an 8-week educational support group for COAs/COSAs ages 10-12; and (2) Celebrate Family Day, a special event for COAs/COSAs and children living in foster/kinship care due to family substance abuse.

Youth Eastside Services (YES) in Bel-

levue implemented The Friends Group. The middle school children who participated learned a lot, including being able to clearly communicate boundaries and requests to their addicted parent. The youth "felt much stronger... and not so dark anymore."

The "Celebrate Family!" event, which drew 89 attendees, included speakers, a video, group discussions, resource exhibits, food and entertainment. Evaluations revealed:

- Significant changes in knowledge about alcoholism and other drug addiction.
- 86 percent of respondents agreed with the statement, "Because of this event, I have more knowledge to help my family/ friends deal with issues of drugs, alcohol and violence."
- 36% wanted to participate in local support groups.
- Children learned what alcoholism/addiction is, how to identify trustworthy people to talk with and share their feelings, what is within their control, and how to be safe.

AODPP will continue working with their partner agencies in planning future prevention activities for children in drug-affected families. 🐾

DASA Receives CADCA Award

At this year's Community Anti-Drug Coalition of America (CADCA) Leadership Forum, the state Division of Alcohol and Substance Abuse received the Outstanding State Association Award from CADCA for providing innovative service to the Washington State network of Drug Free Communities coalitions.

The Federal Drug Free Communities Support Program provides grants to coalitions across the country who focus on reducing substance abuse among youth through positive collaborations and community-wide change efforts. Twenty-eight community coalitions in Washington State have won these competitive grants for the current fiscal year. DASA provides technical assistance to coalitions who apply for these grants, and promotes and supports their informal organization as a network of coalitions. 🐾



Taking Action to Recruit, Retain More Counselors

The Division of Alcohol and Substance Abuse (DASA) and its Workforce Development (WFD) section has heard from many stakeholders, including the County Alcohol and Drug Coordinators, Co-Occurring Disorders (COD) Interagency Advisory Committee (CODIAC) as well as from our own staff, that we do not have enough qualified Chemical Dependency Professionals (CDP's) to meet treatment needs. This is presenting a critical shortage in many areas of the state. A number of sources cite the problems we are facing with our current workforce: retirements, retention, and recruitment.

What is the number of certified CDPs?

- New CDP's certified each year by the Department of Health (DOH) has fluctuated drastically from a high of 580 in 2001 to a low of 106 in 2002.
- Over the last four years, an average of 149 new CDP's were certified each year.
- From 2002 to the 2006 projections, there is an average of 12 new CDP's certified each month. Given current trends there could be a total of 140 certified in 2006.
- The number CDP's needed to meet the current demand is estimated to continue to rise without adequate replacement staff.

What is the extent of the WFD shortage?

- There is a projected need for 280 CDP's for 2006, based on 560 treatment agencies reporting an average shortage of .5 positions. This does not include those who plan on leaving the field soon from factors such as aging out or leaving the field completely. This is based on current stated need by agency directors.
- Data indicates that 10% of CDPs plan to leave the field soon, possibly adding 256 to the 280 CDPs already needed, bringing the total needed to 536 positions.
- If 149 CDP's are certified in 2006, there would be a deficit of 387 CDP positions.


Are there any federal programs that help Washington State with the CDP workforce issue?

(DASA) has been awarded one of 16 Substance Abuse and Mental Health Services Administration (SAMHSA) Adolescent Substance Abuse Treatment Coordination Grants to improve statewide coordination for adolescents and their families seeking treatment. The award is \$400,000 a year for three years. DASA is using funds for one of the goals of the grant to support workforce and program development by identifying workforce needs; revising and improving

licensing and certification standards; offer more training and improve coordination with DOH and other state organizations.

What activities is Washington State is undertaking to help improve the workforce problem?

- The Washington State Department of Social and Health Services has made it a priority in its 2004-2009 strategic plan to develop a strong prevention and treatment workforce, which DASA is responsible for implementing.
- A residential rate study has been recently completed by DASA and an outpatient rate study will be completed in October, to provide data to request additional funding from the legislature for CDP salaries and benefits.
- DASA is providing a WFD workshop at the COD conference in Yakima September 18 and 19th.
- DASA is in the process of developing a new brochure to provide information on becoming a CDP.
- DASA has updated the Job line website to enhance the information related to CDP training and licensure.
- Funded a Substance Abuse Treatment Workforce Survey by NFATCC to obtain data about WFD needs in Washington state, and develop strategies to address them.
- DASA is currently working on a governor-ordered task force to review and make recommendations regarding the CDP trainee, and develop a new category with higher standards and requirements for this group of staff.
- DASA is a member of the Northwest Coalition of Chemical Dependency Educators (NCCDE), which represents community colleges that provide chemical dependency education programs. NCCDE is collaborating to standardize a curriculum and certify programs. This would make it easier for students to transfer credits to another college.
- DASA recommended, and DOH has approved, Oregon and Idaho CDPs as meeting Washington State requirements to practice here. Efforts are underway to review other states for the same issue.
- DASA has recommended to community college CDP programs that background check requirements are clearly communicated in admissions criteria.
- DASA has assigned a Workforce Development Project manager.

For more information about workforce development, contact Robin Roberts, MA LMHC at roberrr@dshs.wa.gov. 

WASBIRT Continues to Impact Lives

By Stephen H. O'Neil, Project Director

Chemical Dependency Counselors in hospital emergency departments at Harborview Medical Center in Seattle, Providence Everett Medical Center, Southwest Washington Medical Center in Vancouver, Tacoma General Hospital, Yakima Memorial Hospital, Yakima Regional Hospital and Cardiac Center, and Toppenish Community Hospital began seeing patients in April 2004 under the Washington State Screening, Brief Intervention, Referral, and Treatment (WASBIRT) program administered through the Division of Alcohol and Substance Abuse (DASA). Allenmore Hospital in Tacoma and St. Peter Hospital in Olympia were added in September 2005 for a total of nine hospitals in six counties.

In addition to the partner hospitals, ten community agencies are also providing staff, brief therapy, or traditional treatment to WASBIRT patients.

Creating Partnerships and Providing Care

Linking health care services to substance use screening increases the awareness of sub-

stance use as a public health issue. Providing screenings in emergency departments increases the opportunity for early identification of substance use problems. For many individuals, a brief intervention will assist them in making positive changes and reducing their risk of future harm. For those who need more support, WASBIRT provides an avenue to additional services.

WASBIRT Works

By placing Chemical Dependency Counselors in hospital emergency departments, WASBIRT has been able to screen over 50,000 patients for substance use problems since 2004. WASBIRT counselors have performed over 25,000 brief interventions, resulting in nearly 2,000 referrals to community-based substance use services.

We are excited about the benefits of WASBIRT and thank our provider hospitals and agencies for their ongoing efforts to make WASBIRT a continued success.

If you have any questions about WASBIRT, please contact Steve O'Neil at (360) 725-3718, toll free at 1-877-301-4557, or by e-mail at oneilsh@dshs.wa.gov. 🐼

“Patients report reducing their use of alcohol and other drugs and increasing abstinence as a result of their WASBIRT experience.”

Leaders Recognized at Treatment Institute

Unlocking Doors and Breaking Down Barriers to engagement, retention and diversity was the theme for the Washington State Institute on Addictions Treatment held on July 6-8th at Seattle Pacific University. The Institute was sponsored by the state Division of Alcohol and Substance Abuse (DASA). The guest plenary speakers were second to none in their power-packed sessions. The plenary speakers were Betty Blackmon of the University of Missouri-Kansas City, Fred Dyer of Dyer Trains, and Robert Schwebel, developer of The Seven Challenges ® LLC.

The Institute met its primary goal by educating professionals in the fields of drug addiction, child welfare, mental health, education, corrections and medical care about the needs of hard-to-reach clients, and how to address other problems that contribute to drug use disorders. This year tracks focused on Women, Youth, Public Health, Adults, New Legislation, and Clinical Supervision.

The Institute sponsored 10 Chemical Dependency Studies students from Korea, who attended as part of a summer study program. 🐼



An award banquet honored the following individuals and programs for their exemplary service to the field:

OUTSTANDING COLLABORATOR AWARD

Katie Huntington

Drug Abuse Prevention Center

OUTSTANDING INDIVIDUAL AWARD

Ella McHenry

Valley Cities Counseling and Consultation

INNOVATIVE ADULT PROGRAM AWARD

Oxford Houses of Washington State

INNOVATIVE YOUTH PROGRAM AWARD

Program and Staff of Sea Mar Visions

– Bellingham

LIFETIME ACHIEVEMENT AWARD

Michael W. Elsner

King County Department of Community and Human Services – Mental Health, Chemical Abuse and Dependency Services Division

Ron Jackson

Evergreen Treatment Services

EDUCATOR AWARD

Mike Towey

Tacoma Community College

Seasons of Change for DASA Staff

Like the changing seasons, DASA has experienced a great deal of change over the last year. Here we recognize those who have joined us, and say farewell and thank you to those who have helped advance prevention and treatment services in our state.

Retirements

- David Curts after 33 years.
- Jean Phillips after 21 years.
- Sheryl Turner after 32 years.

Staff who have moved on

- Ken Stark, DASA's former director, now serves as Special Assistant to the Governor for Mental Health Reform.
- Fred Garcia is now with the Washington State Department of Health.
- Dick Jones, after 30 years with DASA, is now with the DSHS Children's Administration.
- Harvey Perez
- Jill Cowan

- Jim Friedman
- Shelli Young
- Steve Thompson
- Kevin Dimichel
- Sue Yoachim
- Tiffanie Hargis
- Eric Sedivy
- Melissa Clary
- Dixie Grunenfelder
- Kimberly Stephens
- Chandra Miller-Starks
- Michelle Goshorn
- Tom Pennella

New staff we have welcomed

- Herb Chambers - Fiscal Program Manager
- Tiffany Villines - DASA Region 6 Administrator
- Tammy Wright - Region 5 Certification Specialist
- Brian Barr - Region 3 Certification Specialist
- Phil Thompson - Contracts Specialist

- Carol Hayes - Access to Recovery (ATR) Manager
- Rachel Campbell - ATR Administrative Support
- Heidi Dodd - Region 6 Prevention Manager
- Steve O'Neil - WASBIRT Project Manager

Staff who have changed positions within DASA

- Doug Allen is DASA's new director.
- Dennis Malmer is the Certification Section Supervisor.
- John Taylor is the Chief of the Office of Program Services.
- Eric Crawford is the Contracts Section Supervisor.
- Terrie Orphey is the Criminal Justice Program Manager.
- Steve Brown is the Region 4 Prevention Manager.
- Miae Christofferson is the Region 5 Prevention Manager.
- Darrell Streets is the Region 6 Certification Manager.
- Pam Sacks-Lawlar is the Region 5 Treatment Manager.
- Earl Long is the Region 5 Administrator. 🐾

WAC 388-805 Amendments Adopted

By Deb Cummins, DASA Certification Policy Manager

Revisions to Washington Administrative Code (WAC) 388-805 went into effect June 17, 2006. The new rule implements changes required by legislative amendments to Revised Code of Washington 70.96A. It also implements changes requested by stakeholders. WAC 388-805 is about the "Certification Requirements for Chemical Dependency Service Providers." The revisions include new provider requirements:

- Ask each patient at intake if the patient is under the Department of Corrections (DOC) supervision or court ordered to mental health or chemical dependency treatment.
- Document the patient's response in the patient record.
- If the patient is under DOC supervision or court ordered to treatment:
- Obtain the patient's consent to share information with DOC, with the County-Designated Chemical Dependency Specialist, and with a mental health agency; or obtain a court order exempting the patient from these requirements.
- Report violations of the court order to the County-Designated Chemical Dependency Specialist within three working days for the purpose of possible revocation of patient's conditional release.

Stakeholder changes are:

- Clarifying federal confidentiality requirements.
- Clarifying when agencies report critical incidents to DASA.

- Changes to the definitions of "change of ownership," "county coordinator," and "critical incident."
- More consistent use of the term "patient."

Opiate substitution treatment program (OTP) changes include:

- Amended definitions for "determination of need," "established ratio," and "opiate substitution treatment program."
- Amended OTP application and relocation process.
- Requiring the State Methadone Authority to authorize federal take-home regulation exceptions.
- Reducing treatment plan reviews to every six months after two years of continued care.
- Requiring OTP administrators to appoint a medical director who is responsible for all medical services in compliance with state and federal regulations.

DASA will hold WAC revision workshops in the fall 2006 in Eastern and Western Washington. DASA will mail bulletins to stakeholders once the dates are set.

With stakeholder involvement, DASA will revise the WAC Implementation Guide (WIG). It will be available in early 2007.

For questions about the WAC or WIG revision process, contact: Deb Cummins, DASA Certification Policy Manager, (360) 725-3716 or Toll Free 1-877-301-4557, or E-mail cummida@dsht.wa.gov.

Electronic copies are available on the website at: <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-805>.

Paper copies are available from Washington State Alcohol Drug Clearinghouse, (206) 725-9696 (if calling out-of-state, or from Seattle) or 1-800-662-9111 (Toll Free, if calling from within Washington), or E-mail clearinghouse@adhl.org. 🐾

The Miracle of Recovery

Pamela's Story

By Linda Grant, Executive Director, Evergreen Manor

"It is a complete miracle," says 33-year old Pamela James of her new life of recovery from chemical dependence. Pamela has just been accepted into the University of Washington's School of Social Work, after graduating with honors and awards from Everett Community College. She is already being solicited by graduate programs and hopes to pursue a dual Masters degree in Social Welfare and Public Health.

Her future was not always so bright. Three and a half years earlier, when she was admitted to Evergreen Manor's residential program for pregnant and parenting women, she describes herself as "a shell of a person after a decade of heavy use." She was homeless, on the brink of losing her child, had lost her job, was in trouble with the law, and had strained relations with her adoptive family – all common effects of alcoholism and drug addiction. In addition, she was grieving her natural mother's death from cirrhosis. She had become reconnected with her mother as an adult, but the mother's active alcoholism resulted in her premature death at age 39.

As a child she had been placed in foster care and became a ward of the State of Washington. Eventually she was adopted by nurturing parents who told her, "You are smart, baby girl." But her intelligence was no match for the disease that ravaged her life as she entered adulthood. As an act of loving, her mother turned her into Child Protective Services, and that created the crisis that began her recovery.

After completing Evergreen Manor's long-term residential chemical dependency treatment, Pamela continued there in outpatient treatment and housing support services. Evergreen's unique housing program teams with the YWCA to provide 18 months of housing support in community housing. Evergreen Manor has 19 graduates who, along with their families, continue weekly in-house group meetings to practice the tools they acquire in treatment. Dialectical Behavior Therapy (DBT) and 12-step recovery programs are core elements of Evergreen's residential and housing program.

Pamela's explanation of her treatment experience gives some insight into the recovery process:

"I got into treatment because of the very real threat of losing my child. I had worked the system to my advantage, and it finally caught up with me. I realized I couldn't do it any longer;

it was too hard. The addiction strips away everything and eats away whatever self esteem you had. I was just surviving.

"Residential treatment helps takes away the obsession from drugs and alcohol and gives you tools, including regaining confidence in myself. I had left another treatment center, but I felt valued, respected, and nurtured at Evergreen Manor. My accomplishments in treatment were acknowledged and rewarded. When they told me I would probably be here six months, I worked hard and completed the program in four, then went into the outpatient treatment phase. The first year was spent getting back my tangible 'stuff' – a job, a place to live, my driver's license. I took it one task at a time.

"The second year was harder – getting to know 'me' and what makes me tick. This was the year I learned the most about me. "When you have an addiction and then you take that addiction away, there is a big, gaping hole. The inclination is to fill it with something – anything – relationships, work, meetings. But pretty soon there is a shift, and while there is still a void, you get okay with it being there and you don't have to fill it up.

In the third year I'm applying what I learned. Not a day goes by that I don't think of my recovery. I'm not ashamed of it and I now know I'm not a bad person. I celebrate my accomplishments and speak of my recovery whenever I can."

Today Pamela is often asked to speak on leadership and she was honored by the Diversity and Equity Center for her work as President of United Native American Council and for her academic achievement. She is again the primary parent for her children and will pursue a career working within the Native American community. "My opportunities are limitless, and my life is a miracle."

Every recovery is individual, but key to young women, especially parenting young women, is having long-term support services. Recovery is a process, not a short-term event. The treatment system is adjusting to recognize the importance of longer-term services to people beginning recovery. The first step is ending the physical addiction, but the process of building a new life and igniting the spirit takes longer.

As treatment providers are able to provide longer-term services of decreasing intensity, the success stories like Pamela's also increase. At this time, only pregnant and parenting addicted women have these resources. Many more single men and women would succeed if they also had them available. The effectiveness of treatment will only improve when we expand the vision and reach of services to recovering families. 🌱



Tacoma Woman Credits ATR With Finding Employment

By Carol Stephenson, ATR Resource Support Specialist, Pioneer Adult Counseling Services

Annette came to Pioneer Adult Counseling in the beginning of September 2005 looking for help, as she felt that with no money, no job, and no medication she was in jeopardy of relapsing. Annette shared that she had been attending 12-step meetings and was willing to do whatever it took to stay in recovery, but needed some help.

Annette completed inpatient treat-

ment in 2004, and later began outpatient in our Tacoma office. Annette wanted to return to work and had been actively looking for a job. As she had not been in the workforce for several years and had some other challenges, it was difficult to find employment.

Through Access to Recovery (ATR), Annette received support in her job search with a voucher for new clothing, an eye

exam, glasses, and bus vouchers. ATR also provided vouchers for rent and bus fare to make the daily trip to Seattle for work. Soon Annette will be able to financially stand on her own two feet and feels that she can accomplish this with her determination, group counseling, and the support of the ATR Program.

We are proud of you Annette! 🐾

Communities Receive SPF-SIG Funding to Reduce Underage Drinking

The Washington State Strategic Prevention Framework-State Incentive Grant (SPF-SIG) project is off and running! Twelve communities from across the state have been randomly selected for funding from a list of 46 communities that met the qualifying standards to be involved in the SPF-SIG research project.

The funded communities are now organizing coalitions and receiving training to develop a strategic prevention plan.

The communities will be expected to reduce youth alcohol use at the community level. They will develop and implement a comprehensive prevention planning and programming approach that must address the actual youth alcohol use behaviors and consequences, as well as the norms of the community that support youth consuming alcohol.

The community coalitions will implement and maintain the five-step Strategic Prevention Framework during the five-year grant.

To ensure their success, communities will have access to technical assistance consultants for implementing the SPF process, an evaluator to help gather and analyze data, and will receive four community organizing trainings.

The SPF-SIG project will compare communities that receive funding with the qualifying communities that did not receive funding. To become eligible for SPF-SIG funding, communities needed to:

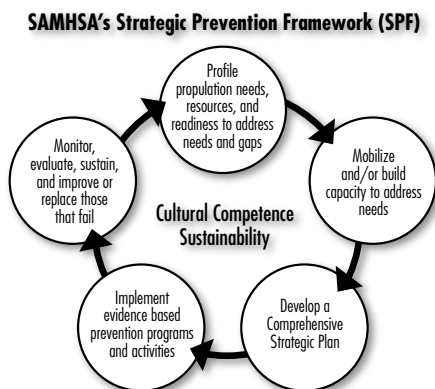
- Agree to implement the Healthy Youth Survey in 2006, 2008, and 2010.
- Have a 30-day alcohol use rate by 8th graders of 23 percent or higher (the statewide average was 18-percent).
- Achieve a minimum score on a test to measure readiness to implement prevention efforts.

Communities were grouped into four categories: rural with a low enrollment of minority students and low poverty, rural with high enrollments of minority students and high poverty, urban, and American Indian.

Additionally, the project has begun work to address an-

other of its major objectives — updating the Governor's Substance Abuse Prevention Plan.

For further information about Washington's SPF-SIG grant, contact Scott Waller, SPF-SIG Program Manager, at (360) 725-3782. 🐾



your daughter's wasted.

you ignore it. get help.

before long, she's been arrested. promoted.

you post bail. congratulate her.

and then her addiction career really takes off.

she stops in from time to time for money. coffee.

but then it's right back to the street. office.

years later, the police stop by. your daughter and son-in-law

they've got bad good news.

she's gone. expecting.

you cry.

Download this ad at www1.dshs.wa.gov/dasa

Choose to help a loved one struggling with drugs or alcohol. It could change everything.
STATE FUNDING FOR TREATMENT IS AVAILABLE NOW.
 CALL 1-800-562-1240.
INTERVENENOW.ORG or ADHL.ORG.

P
 The Partnership for a Drug-Free America
 Partnership for a Drug-Free Washington

Upcoming Education and Awareness Events: October – December



OCTOBER '06

- CRIME PREVENTION MONTH**
- DOMESTIC VIOLENCE AWARENESS MONTH**
- 4 **INSTRUCTOR TRAINING: Co-Occurring Screening & Assessment Adult Curriculum**
Lakewood, WA
Contact: Diane Pearson at pearsond@u.washington.edu
- 4-5 **TRIBAL GATHERING CONFERENCE**
Poulsbo, WA
Contact: Sandra Mena at menasa@dshs.wa.gov
- 6 **INSTRUCTOR TRAINING: Co-Occurring Screening & Assessment Adult Curriculum**
Spokane, WA
Contact: Diane Pearson at pearsond@u.washington.edu
- 7-8 **DOMESTIC VIOLENCE TRAINING FOR PROFESSIONALS**
Seattle, WA
Contact: 206-764-5339 or www.learnatsouth.org
- 13-14 **WOMEN HEALING: NUTURING OUR WHOLENESS**
Bellevue, WA
Contact: Hazelden at 1-888-257-7800, ext. 4429, or www.hazelden.org/womenhealing
- 14-15 **DOMESTIC VIOLENCE TRAINING FOR PROFESSIONALS**
Seattle, WA
Contact: 206-764-5339 or www.learnatsouth.org
- 15-31 **NATIONAL COLLEGIATE ALCOHOL AWARENESS WEEK**
Contact: Bacchus and Gamma Peer Education Network at 303-871-0901
- 16-17 **BLENDING ADDICTION, SCIENCE, AND PRACTICE: Bridges to the Future Training**
Seattle, WA
Contact: Roxanne Kibben at 240-485-1700, ext. 107 or Mary Anne Bryan at 503-373-1322, ext. 86001
- 16-18 **JOINT CONFERENCE ON HEALTH**
Yakima, WA
Contact: Washington State Public Health Association at www.wspha.org
- 17-20 **QUALITY HEALTH CARE FOR CULTURALLY DIVERSE POPULATIONS: Building the Essential Link Between Quality, Cultural Competence, and Disparities Reduction**
Seattle, WA
Contact: www.diversityrx.org/CCCONF/06/
- 20 **ASAM: The Treatment Process Using ASAM to Meet WAC 388-805 Requirements**
Port Orchard, WA
Contact: C.A.R.E. (Chemical Abuse Resource and Education — part of the Metropolitan Development Council) at 253-572-2273
- 20-21 **WASHINGTON STATE PREVENTION SUMMIT TRAINING**
Kennewick, WA
Contact: Steve Brown at brownsg@dshs.wa.gov
- 21-22 **DOMESTIC VIOLENCE TRAINING FOR PROFESSIONALS**
Seattle, WA
Contact: 206-764-5339 or www.learnatsouth.org
- 22-28 **NATIONAL RED RIBBON WEEK**
Contact: National Family Partnership at 800-705-8997



NOVEMBER '06

- TIE ONE ON FOR SAFETY CAMPAIGN**
- 16 **GREAT AMERICAN SMOKEOUT**
Contact: American Cancer Society at 800-227-2345
- NATIONAL DRUNK AND DRUGGED DRIVING PREVENTION MONTH**
- HOLIDAY DRINKING AWARENESS KIT**
- 6 **PROBLEM GAMBLING TRAINING WORKSHOP (Basic & Clinical Consultants)**
SeaTac, WA
Contact: Deborah Rost, Washington State Council on Problem Gambling, 206-546-6133
- 7-8 **PROBLEM GAMBLING TRAINING WORKSHOP (Special Populations)**
SeaTac, WA
Contact: Deborah Rost, Washington State Council on Problem Gambling, 206-546-6133
- 15 **ASAM: The Treatment Process Using ASAM to Meet WAC 388-805 Requirements**
Port Orchard, WA
Contact: C.A.R.E. (Chemical Abuse Resource and Education — part of the Metropolitan Development Council) at 253-572-2273

Share your alcohol/drug related news with FOCUS readers statewide. If you have events, success stories, announcements, or a policy/advocacy issue you want to write about, e-mail Deb Schnellman at schneda@dshs.wa.gov, or call (360) 725-3763.

Want to share FOCUS with others? Let them know it's on DASA's website at www1.dshs.wa.gov/dasa (click on "What's New")
For more information or to register for trainings, contact DASA's Training Section at 1-877-301-4557



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